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FACSIMILE COVER SHEETDATE: January 23, 2004OUR REF.: ORA5005USANP(J&JO-105US)

TIME: _____

YOUR REF.: 10/679,913

TO:	U.S. Patent and Trademark Office
COMPANY:	
FROM:	Robert L. Andersen
FAX TELEPHONE:	703-872-9306
OFFICE TELEPHONE:	
TITLE OF DOCUMENT:	Communication w/ends (POA and Corresp. Address Change & Statement Under 37 CFR 3.73(b) Copy of assignment)

Total Number of Pages: 7 (including this form)

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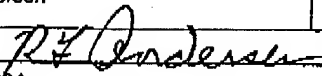
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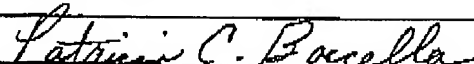
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10,679,913
	Filing Date	October 6, 2003
	First Named Inventor	James Ronald Lawler
	Art Unit	Unknown
	Examiner Name	Unknown
Total Number of Pages in This Submission 6	Attorney Docket No.	ORA5005USANP(J&JO-105US)

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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Communication, Statement Under 37 CFR 3.73(b)
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm or Individual	Robert L. Andersen	Registration No. (Attorney/Agent)	25,771
Signature			
Date	January 23, 2004		

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Appln. No: 10,679,913
Applicant: James Ronald Lawter
Filed: October 6, 2003
Title: MUCOADHESIVE TETRACYCLINE FORMULATIONS
TC/A.U.: Unknown
Examiner: Unknown

COMMUNICATION

Commissioner for Patents
P.O. Box 1450
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Sir :

Attached is an executed Power of Attorney and Correspondence Address
Indication Form and a Statement Under 37 CFR 3.73(b). All future
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Robert L. Andersen
RatnerPrestia
P.O. Box 980
Valley Forge, PA 19482-0980

Phone: 610-407-0700
Fax: 610-407-0701

Respectfully submitted,


Robert L. Andersen, Reg. No. 25,771
Attorney for Applicant

RLA/pb

Dated: January 23, 2004

P.O. Box 980
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PTO/SB/81 (09-03) (AW 10/2003)

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Application Number	10/679,913
Filing Date	October 6, 2003
First Named Inventor	James Ronald Lawter
Title	MUCOADHESIVE TETRACYCLINE FORMULATIONS
Art Unit	
Examiner Name	
Attorney Docket Number	ORA5005USANP (J&JO-T05US)

I hereby appoint:

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☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name

Signature

Date

Telephone

732-524-8586

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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ORAS003USANP (J&JO-104US)

PTO/SB/98 (04-03) (AW 09/03)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: OraPharma, Inc.Application No./Patent No.: 10/679,913Filed/Issue Date: October 6, 2003Entitled: MUCOADHESIVE TETRACYCLINE FORMULATIONS

states that it is:

- 1 ☒ the assignee of the entire right, title, and interest; OR
- 2 ☐ an assignee of less than the entire right, title and interest.
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☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

1/21/04
 Date

732-624-6586

Telephone Number

Timothy E. Tracy

Typed or printed name

[Signature]
 Signature

Assistant Secretary

Title

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